

ISSUE SLIP STAPLE HERE (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		5/7/99
O.I.P.E. CLASSIFIER		43	5/11/99
FORMALITY REVIEW	MB	70303	5-18

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	5/7/99
2	✓	✓	5/7/99
3	✓	✓	5/7/99
4	✓	✓	5/7/99
5	✓	✓	5/7/99
6	✓	✓	5/7/99
7	✓	✓	5/7/99
8	✓	✓	5/7/99
9	✓	✓	5/7/99
10	✓	✓	5/7/99
11	✓	✓	5/7/99
12	✓	✓	5/7/99
13	✓	✓	5/7/99
14	✓	✓	5/7/99
15	✓	✓	5/7/99
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48	✓	✓	5/7/99
49	✓	✓	5/7/99
50	✓	✓	5/7/99

Claim	Final	Original	Date
51	✓	✓	5/7/99
52	✓	✓	5/7/99
53	✓	✓	5/7/99
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97	✓	✓	5/7/99
98	✓	✓	5/7/99
99	✓	✓	5/7/99
100	✓	✓	5/7/99

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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